

This document addresses Frequently Asked Questions regarding Medicare, the Highmark Special Medicfill & CVS Caremark/SilverScript Medicare (Qualified Part D) Prescription Drug Plan (PDP).

IMPORTANT: According to State of Delaware Group Health Insurance Plan (GHIP) Guidelines, the Office of Pensions must receive a copy of the eligible member's Medicare card or entitlement/award letter in our office no later than two months prior to the first of the month in which the eligible member's Medicare Part A and Part B become effective. Failure to supply the Office of Pensions with a copy of the eligible member's Medicare card or entitlement/award letter could result in the eligible member's health insurance being sanctioned on the 1st day of eligibility. A sanction reduces the amount that your health care will pay. All claims are covered at 20% and there is no access to prescription coverage. It is imperative to include the Pension ID on all documentation.

1. What is Medicare?

Medicare is the United States' federal health insurance program for people aged 65 or older. People younger than age 65 with certain disabilities, permanent kidney failure (**End Stage Renal Disease**), or amyotrophic lateral sclerosis (Lou Gehrig's disease) also qualify for Medicare. The Medicare program helps with the cost of health care, but it does not cover all medical expenses.

Note: If you, your spouse, or dependent become eligible for Medicare due to disability and are enrolled in benefits through the Pension Group, it is very important that you notify the Office of Pensions at 800-722-7300 for information regarding enrollment requirements.

2. When and why do I have to apply?

In accordance with GHIP Eligibility and Enrollment Rules 4.09 and 4.12, if you are enrolled through the State Pension Group as a retiree, Long-Term Disability Beneficiary, or eligible dependent, **you must enroll in Medicare Part A (Hospital) and Part B (Medical) "Original Medicare" when eligible due to either age or disability.**

Note: Employees receiving Long-Term Disability (LTD) and their dependents enrolled in insurance through the Office of Pensions must enroll in Medicare Parts A and B upon becoming eligible.

3. How do I apply for Medicare Parts A and B?

- You can enroll online at [medicare.gov](https://www.medicare.gov)
- By phone at 1-800-772-1213.
- By contacting your local Social Security office.
 - Locate your local SSA office by visiting <https://secure.ssa.gov/ICON/main.jsp>
- If you or your spouse worked for a railroad, call the Railroad Retirement Board at 1-877-772-5772.

4. Can I delay Medicare Part B enrollment?

Yes, if you or your eligible dependents are enrolled in primary health insurance through an active employer group (not a retiree group, such as the State Pension Group), you can delay Medicare Part B enrollment until the active employer group coverage ends. Please contact the Office of Pensions for further direction.

5. What if I do not receive my Medicare card?

The Office of Pensions can also accept your entitlement/award letter from the Social Security Administration (SSA) that indicates when your Part A and Part B become effective, along with your unique Medicare Beneficiary ID (MBI) number. You can create an online account through [SSA.gov](https://www.ssa.gov) or contact them

at 1-800-772-1213 to obtain this letter. The Office of Pensions does not have direct access to Social Security or Medicare records.

6. Is there a charge for Medicare Part A and Part B insurance that am I responsible to pay?

Yes, the monthly premium for Medicare Part A and Part B is determined by and paid directly to the Social Security Administration. Medicare premiums are not deducted from your monthly pension payment through the Office of Pensions. Failure to pay premiums will result in the termination of your State of Delaware Highmark Special Medicfill and your Part D CVS Caremark/ SilverScript prescription drug plan.

7. How much will the Highmark Special Medicfill cost me per month?

For more information on the Highmark Special Medicfill rates please visit the Office of Pensions at <https://delawarepensions.com>.

8. Does the Highmark Special Medicfill include dental and/or vision coverage?

No, vision and dental insurance plans are separate plans from your medical coverage offered by the State of Delaware. Enrollment in Medicare will not affect your enrollment in these plans. If you wish to make changes to these plans, you must do so during the open enrollment period held annually in May or within 30 days of a qualifying event (enrollment in Medicare is not a qualifying event). Note: Dental and vision plans are contract binding for the plan year (July 1st through June 30th).

9. What happens to my eligible dependents' coverage when I enroll in the Highmark Special Medicfill?

Once a copy of your Medicare card is received, you will be enrolled in the Highmark Special Medicfill with SilverScript prescription coverage in accordance with CMS guidelines. Your spouse and any dependents currently enrolled in coverage will continue to be enrolled in their current elected plan under a separate contract. Your rates will adjust in the month that your enrollment is effective. You will receive new cards for all members enrolled in coverage from the carrier(s).

10. What are my copays with the CVS Caremark/SilverScript Part D Prescription Plan?

This is an enhanced Medicare Part D prescription plan.

Prescription Coverage	30-Day Supply	90-Day Supply*
Tier 1 Generic	\$8.00	\$16.00
Tier 2 Preferred (Formulary)	\$28.00	\$56.00
Tier 3 Non-Preferred Brand/Generic Drugs	\$50.00	\$100.00
Catastrophic Coverage Stage		
After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$7,050 you will pay the greater of 5% coinsurance or:		
<ul style="list-style-type: none"> A \$3.95 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage, A \$9.85 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage. 		
*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply copayment. You may fill 90-day maintenance prescriptions (medications taken on a long-term basis) at a participating retail pharmacy or by mail through the CVS Caremark Home Delivery.		
Not all drugs are available at a 90-day supply.		

For more information, please visit: <https://dhr.delaware.gov/benefits/cvs/medicare/index.shtml>.

11. What if my spouse or I have another Medicare Supplement Plan, Medicare Advantage Plan or Part D Prescription coverage through another employer or retirement?

CMS only allows for enrollment in one qualified Part C Advantage plan and Part D prescription drug plan. If you are already enrolled in another plan, enrollment in the Highmark Special Medicfill may be rejected or will interfere with your other Medicare Part C, Medigap, or Part D plan. Please contact the Office of Pensions for any additional information.

12. What if I and/or my spouse have Tricare for Life? Can I continue to use Tricare?

Yes. Tricare will coordinate with the Highmark Special Medicfill, as well as the CVS SilverScript Part D prescription plan. Please contact Tricare directly for any questions about coordination of benefits.